



STATE OF CONNECTICUT
DEPARTMENT OF AGRICULTURE
165 Capitol Avenue, Hartford, CT 06106
(860) 713-2508

License #

- ☐ NEW \$25.00
☐ RENEWAL
☐ TRANSFER \$15.00
☐ LATE PENALTY \$15.00

License

Expiration: 6/30/2005

MILK DEALER'S LICENSE APPLICATION

☐ MILK DEALER ☐ SUB-DEALER ☐ PRODUCER / DEALER ☐ RAW MILK RETAILER

I / we hereby apply for a license to operate as a Milk Dealer, Milk Sub-Dealer, Milk Producer/Dealer or Raw Milk Retailer in the State of Connecticut in accordance with and subject to the provisions of Sections 22-229 and 22-230 of the Connecticut General Statutes. The license period shall be from July 1st to June 30th following, inclusive. The licensee is required to notify the Department of Agriculture within 48 hours of any change in trade name, location, sale or transfer of ownership. Renewal fee due, as noted on the renewal application card, is based on information provided in monthly utilization reports as submitted. Check or money order payable to the "Commissioner of Agriculture" for the appropriate fee must accompany the application.

RENEWAL APPLICATION FORM, RENEWAL APPLICATION CARD AND PAYMENT MUST BE RECEIVED ON OR BEFORE JULY 1st TO AVOID A LATE PENALTY

NOTE: Licenses for New, Renewal and Transfer applications cannot be processed if: required payment is not submitted with the application; the application is incomplete; and/or the Federal Employer Identification Number or Social Security Number is not provided. Incomplete applications and submitted payments will be returned for completion and resubmission.

Please Print or Type

Federal Employer
Identification
Number: _____

Social
Security
Number: _____

BUSINESS NAME

TELEPHONE NUMBER

STREET ADDRESS

TOWN / CITY

ZIP CODE

MAILING ADDRESS (If different from business address)

TOWN / CITY

STATE

ZIP CODE

Check One Box: ☐ SOLE PROPRIETOR / INDIVIDUAL OWNER ☐ PARTNERSHIP OR L.L.C. ☐ CORPORATION

NAME OF LICENSEE (Name of Owner; Name of Partnership; Name of L.L.C. or Name of Corporation)

E-MAIL ADDRESS

LIST NAMES and ADDRESSES of PARTNERS or L.L.C. MEMBERS

Please Provide the Following Information Describing Your Milk Business:

YES NO

YES NO

☐ ☐ Produce and/or Process Milk

☐ ☐ Buy over 1,000 quarts of milk monthly from producers

☐ ☐ Sell Milk or Cream from a Retail Store

☐ ☐ Buy over 1,000 quarts of milk monthly directly from cooperatives

☐ ☐ Buy Milk or Cream from: (List Names) _____

(Print Name of Applicant)

(Signature of Applicant)

(Title)

(Date)

AREA BELOW FOR OFFICE USE ONLY:

Fee Amount Received	Check Money Order Number	Date Processed	Transmittal Number	LICENSE EXPIRATION JUNE 30, 2005
				MD-1, Rev. 5/04 .pdf